

## **2000 – 2001 JOHNSTOWN YOUTH RISK BEHAVIOR SURVEY**

### **Alcohol, Tobacco, and Other Drug Use Items**

*Please note: The following items use a dichotomous response set where students are asked to answer “Yes” or “No” for each question.*

1. During the past 30 days, did you smoke cigarettes?
2. During the past 30 days, did you smoke cigars?
3. During the past 30 days, did you use chewing tobacco or snuff?
4. During the past 30 days, did you have at least one drink of alcohol?
5. During the past 30 days, did you use marijuana?
6. During the past 30 days, did you use any form of cocaine?
7. During the past 30 days, did you sniff glue, breathe the contents of aerosol spray cans, or inhale paints or sprays to get high?
8. During the past 30 days, did you use LSD (acid), PCP, or mushrooms in order to get high?
9. During the past 30 days, did you use Ritalin without a doctor telling you to?
10. During the past 30 days, did you use Ecstasy (MDMA)?
11. During the past 30 days, did you use any other type of illegal drug, such as speed, ice, or heroin?

## Violence and Safety Items

*Please note: The first six items use a dichotomous response set where students are asked to answer "Yes" or "No" for each question. The next two items use a 4-point Likert scale where students are asked to answer "Not at all worried," "Not very worried," "Somewhat worried," or "Very worried" for each item.*

1. During the past 30 days, did you ever carry a WEAPON, such as a knife, gun, or club, ON SCHOOL PROPERTY?
2. During the past 30 days, did you ever carry a WEAPON, such as a knife, gun, or club, WHEN YOU WERE NOT IN SCHOOL?
3. During the past 30 days, did you ever carry a GUN?
4. During the past 12 months, were you ever in a physical fight ON SCHOOL PROPERTY?
5. During the past 12 months, were you ever in a physical fight WHEN YOU WERE NOT IN SCHOOL?
6. During the past 30 days, did you ever skip school because you felt you would be unsafe at school or on your way to or from school?
7. To what extent do you worry about your safety WHEN YOU ARE IN SCHOOL?
8. To what extent do you worry about your safety WHEN YOU ARE NOT IN SCHOOL?